NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: Ashland State: VA
ZIP: 23005 Country: USA
Latitude: N37-42.54 (dd:mm:ss N/S) Longitude: W077-26.20 (ddd:mm:ss E/W)

Date/Time
Date: 11/20/2009 (mm/dd/yyyy) Local Time: 18:25
Time Zone: EST

Phase of Operation
☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☑ Approach ☐ Unknown

Collision with Other Aircraft
☐ Midair
☐ On-ground
☐ None

Altitude of In-Flight Occurrence
_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: Construzioni Aeronautiche Tecnam Srl
Model: P2004 Bravo
Serial Number: 126
Registration Number: N319UA **Amateur-built:** ☐ Yes ☑ No

Max Gross Weight: 1,320 lbs
Weight at Time of Accident/Incident: 1,030 lbs
Location of Center of Gravity at Time of Accident/Incident:
65.78 inches from ☐ nose or ☑ datum
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
☑ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate
(Check all that apply)
Standard
☐ Normal
☐ Utility
☐ Acrobatic
☐ Transport
Special
☐ Restricted
☐ Limited
☐ Provisional
☐ Experimental
☐ Special Flight
☑ Light Sport

Number of Seats: 2
If Large Aircraft, how many seats for:
Flight Crew: _____
Cabin Crew: _____
Passengers: _____

Landing Gear ☐ Retractable
Check any additional landing gear configuration that applies:
☑ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program
☐ Annual
☑ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type
☑ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 08/28/2009 (mm/dd/yyyy)

Airframe Total Time: 350 hrs
hours measured at *(check one)*
☐ Last Inspection ☑ Time of Accident/Incident

IFR Equipped
☐ Yes ☑ No ☐ Unknown

Stall Warning System Installed
☑ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System
☑ None
☐ Specify _____

ELT Installed ☑ Yes ☐ No
ELT Activated ☐ Yes ☑ No
ELT Aided in Locating Accident/Incident ☐ Yes ☐ No

ELT Manufacturer: Ameri-King Corp
Model/Series: AK-450
Serial Number: 489870
Battery Type: Duracell **Battery Exp. Date:** 03/2015

Engine Type
☑ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type
☑ Carburetor
☐ Fuel Injected

Propeller
☑ Fixed Pitch ☐ Controllable Pitch
Manufacturer: GT Propeller
Model: GT-2/173/VRR=FW 101 SRTC

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☑ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Rotax	912ULS	5649119	2007	100	350	50	50
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Mid-Atlantic Air Ventures

Fractional Ownership Aircraft: ☐ Yes ☑ No

Owner Address

City: Martinsville
State: Virginia ZIP: 24112
Country: USA

Operator of Aircraft ☐ Same As Registered Owner

Name: Heart of Virginia Aviation, Inc.
Doing Business As: Heart of Virginia Aviation, Inc.
Air Carrier/Operator Designator (4 Character Code): _____

Operator Address ☐ Same As Registered Owner

City: Ashland
State: Virginia ZIP: 23005
Country: USA

Regulation Flight Conducted Under

☑ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ *Federal* ☐ *State* ☐ *Local*
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

Revenue Sightseeing Flight

☐ Yes ☑ No

Air Medical Flight

☐ Yes ☑ No

Purpose of Flight
for FAR 91, 103, 133, 137 *(Select one)*

☑ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation
for FAR 121, 125, 129, 135 *(Select one)*

☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International

☐ Domestic ☐ International

Cargo Operation

☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held
(Check all that apply)

☑ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number _____

Manufacturer: _____
Model: _____

Damage to Other Aircraft
☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft

First Name: _____
Middle Initial: _____
Last Name: _____

City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

First Name: _____
Middle Initial: _____
Last Name: _____

City: _____
State: _____ ZIP: _____
Country: _____

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☐ Yes ☑ No ☐ Unknown
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

_____ Hours
_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
☐ None ☑ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire
☑ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion
☑ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Description of Damage to Aircraft and Other Property *(use additional sheet if necessary)*

Damage to the propeller, top and bottom cowling, left and right wing leading edges, left and right wing top and bottom panels, left aileron, left and right flaps, left and right horizontal stabilators, aircraft belly from firewall aft, damage to left and right side windows.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KOFP
Airport Name: Hanover County Municipal
Proximity to Airport ☑ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Distance From Airport Center: 1 SM
Direction From Airport: 160 degrees MAG
Airport Elevation: 207 ft. MSL

Approach Segment *(Select one)*

☐ On Instrument Approach ☐ Landing ☐ Base leg ☑ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach *(Check all that apply)*

☑ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach *(Check all that apply)*

☐ None ☐ Stop and Go
☐ Traffic Pattern ☑ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway Information

Runway ID: 34 (L/R/C) Length: 5,400 ft Width: 100 ft

Runway/Landing Surface *(Check all that apply)*

☑ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

Condition of Runway/Landing Surface *(Check all that apply)*

☑ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: KOFP
City: Ashland
State: VA
Country: USA

Time of Departure
Time: 17:40
Time Zone: EST

Destination
Airport ID: KOFP
City: Ashland
State: VA
Country: USA

Type Flight Plan Filed

☑ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service *(Check all that apply)*

☑ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*

☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☑ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description *(Check all that apply)*

☑ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff *(convert from pounds, as necessary)*

18 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify
☐ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☑ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: KOFP
Observation Time: 17:40 - 18:30
Time Zone: EST
Distance from Accident Site: 1 NM
Direction from Accident Site: 340 degrees MAG

Source of Weather Information *(Check all that apply)*

☐ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☑ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☐ Internet
☐ Unknown

Method of Briefing *(Check all that apply)*

☐ In Person
☐ Teletype
☑ Telephone/Computer
☑ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

☐ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☑ Abbreviated
☐ Unknown
☐ Not Pertinent

Light Condition

☐ Dawn
☐ Day
☐ Dusk
☑ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility

10 miles

Sky/Lowest Cloud Condition

☑ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling

☑ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility *(Check all that apply)*

☑ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

☐ Indicated: _____ degrees MAG
☐ Variable

Wind Speed

Velocity: _____ KTS
-or-
☑ Calm
☐ Light and Variable

Wind Gusts

Velocity: 3 KTS
☐ Gusting
☑ Not Gusting

Type of Turbulence *(Check all that apply)*

☐ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: 9 (C) or _____ (F)

Altimeter Setting: 30.14 in. HG or _____ MB

Density Altitude: _____ ft

Dew Point: 7 (C) or _____ (F)

Icing Forecast

Amount		Type
☑ None	☐ Moderate	☐ Rime
☐ Trace	☐ Severe	☐ Clear
☐ Light		☐ Mixed

Icing Actual

Amount		Type
☑ None	☐ Moderate	☐ Rime
☐ Trace	☐ Severe	☐ Clear
☐ Light		☐ Mixed

Type of Precipitation *(Check all that apply)*

☑ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation

☐ Light ☐ Moderate ☐ Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

☑ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: Mirek
Middle Initial:
Last Name: Fatyga

City: Midlothian
State: VA ZIP: 23113
Country: USA

Age at time of Accident/Incident: 51 Date of Birth: [redacted]1958 (mm/dd/yyyy)

Certificate Number: [redacted]

Degree of Injury
☐ None ☐ Fatal
☑ Minor ☐ Unknown
☐ Serious

Seat Occupied
☑ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt
Used ☑ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness
Used ☑ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☑ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation
☐ Pilot
☑ Other
☐ Unknown

Medical Certificate
☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☑ Class 2 ☐ Unknown

Medical Certificate Validity
☐ Without limitations/waivers
☑ With limitations/waivers
☐ Unknown

Date of Last Medical
02/04/2008 (mm/dd/yyyy)

Medical Certificate Limitations
Holder shall wear lenses that correct for distant vision and posess glasses that correct for near an intermediate vision.

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 01/12/2008 (mm/dd/yyyy)

Flight Review Aircraft
Make: Cessna
Model: 172R

Airplane Rating(s) *(Check all that apply)*
☐ None
☑ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☐ None
☐ Airship
☐ Free Balloon
☑ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None
☑ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1,328	6	728		81	24	86		600	
Pilot in Command (PIC)	1,187	5	637		70	15	86		550	
Time as Instructor										
This Make/Model										
Last 90 Days	9	6	9		1	0	0		0	
Last 30 Days	3	3	3		1	0	0		0	
Last 24 Hours	1	1	1		1	0	0		0	

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name: _____ City: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ (mm/dd/yyyy) Certificate Number: _____

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Used ☐ Yes ☐ No Available ☐ Yes ☐ No	Used ☐ Yes ☐ No Available ☐ Yes ☐ No

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☐ Pilot ☐ Other ☐ Unknown	☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☒ Unknown	☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown	_____ (mm/dd/yyyy)

Medical Certificate Limitations

NOT APPLICABLE

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ (mm/dd/yyyy)

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) *(Check all that apply)*	Other Aircraft Rating(s) *(Check all that apply)*	Instrument Rating(s) *(Check all that apply)*	Instructor Rating(s) *(Check all that apply)*
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address

First Name: ____________________ City: ____________________
Middle Initial: ________ State: __________ ZIP: __________
Last Name: ____________________ Country: ____________________

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: __________ hrs

Pilot Name and Address

First Name: ____________________ City: ____________________
Middle Initial: ________ State: __________ ZIP: __________
Last Name: ____________________ Country: ____________________

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: __________ hrs

Pilot Name and Address

First Name: ____________________ City: ____________________
Middle Initial: ________ State: __________ ZIP: __________
Last Name: ____________________ Country: ____________________

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: __________ hrs

NOT APPLICABLE

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address		Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: ________ Middle Initial: ________ Last Name: ________	City: ________ State: ________ ZIP: ________ Country: ________	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ________ Middle Initial: ________ Last Name: ________	City: ________ State: ________ ZIP: ________ Country: ________	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ________ Middle Initial: ________ Last Name: ________	City: ________ State: ________ ZIP: ________ Country: ________	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ________ Middle Initial: ________ Last Name: ________	City: ________ State: ________ ZIP: ________ Country: ________	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ________ Middle Initial: ________ Last Name: ________	City: ________ State: ________ ZIP: ________ Country: ________	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ________ Middle Initial: ________ Last Name: ________	City: ________ State: ________ ZIP: ________ Country: ________	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ________ Middle Initial: ________ Last Name: ________	City: ________ State: ________ ZIP: ________ Country: ________	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ________ Middle Initial: ________ Last Name: ________	City: ________ State: ________ ZIP: ________ Country: ________	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

I took off from KOFP at approximately 17:40 EST, intending to stay in the pattern and practice night landings. Winds were calm, visibility was unrestricted, and sky was clear. Traffic was using Rwy 34, and I followed the traffic. I was familiar with the approach, as I flew such night sessions before in different types of GA aircraft. I performed about nine uneventful approaches and landings before the accident. My goal was to fly each approach as a steep "power-off" approach, as this type of approach gave me the steepest glide slope available in the aircraft without slipping. Since the approach has known obstructions, I wanted to approach at the steepest glide angle the aircraft could offer. My approaches and landings appeared to be "good". In most cases I did not need to add power, approach speed was stable at approximately 70 +-5kt, and touchdown was within the first 30% of the runway. During the accident approach I first noted some turbulence during the turn from base to final. The turbulence appeared light, and did not alarm me. I took note of it, because until this time the air was completely calm. I continued on final. My aiming point and approach path appeared "normal", when compared to my previous approaches. I felt light turbulence again, and noticed the airplane dropping below glide path rapidly. The drop seemed large, given the level of turbulence I was experiencing. I applied power and pulled up the nose to rejoin the glide slope. It appeared that I stopped the descent and began climbing. I then heard a loud "cracking" noise and the airplane shuddered slightly. My pitch, speed and climb attitude were unchanged, I did not have to make any unusual control inputs. I continued climbing until my glide slope was restored. Landing was uneventful. Upon post-flight inspection of the airplane I noticed damage to the leading edges of the wing and the horizontal stabilizer, and to the passenger side window. I noticed few small twigs stuck to the aircraft, and realized that I must have hit a tree. I had minor superficial cuts to my right hand. My right hand was on the throttle, and the shattered portion of passenger side window sprayed it with plexiglass shards. Otherwise I was uninjured.

Post-accident findings

Impact point: Next morning, together with the airport manager, we located a tree with fresh signs of damage. It appeared that the aircraft hit a tree located near extended runway centerline, approximately 1600 feet from the runway threshold. The tree is located few hundred feet from the airport boundary, with multiple obstructions between the tree and the airport boundary. I could not get to the base of the tree due to property owners restrictions, but I used binoculars to observe a "V" shaped branch with freshly looking breaks on both sides of the "V". Hitting a "V" seems consistent with the pattern of damage to the aircraft (relatively little damage to fuselage, most damage to wings and horizontal stabilizer).

Weather: I downloaded 5 min time series of KOFP ASOS readings for the night of the accident. All readings show wind calm during my flight, except for a single reading at 18:25 local, which shows wind from 70 degrees at 3 knots. The time of this reading is approximately the same as the time of my accident. I did not write down the time of landing, but it can be bracketed, based on the time of departure (17:35-17:40), hobbs time (0.8 hours), and my last time check while still in the pattern (18:15). Based on these times, I can bracket the time of the accident as no earlier than 18:20, and no later than 18:30. Following are the three ASOS reports, and the source of download:
93775KOFP OFP20091120182009611/20/09 18:20:31 5-MIN KOFP 202320Z AUTO 00000KT 9SM CLR 08/06 A3014 10 86 -700 000/00 RMK AO2
93775KOFP OFP20091120182509711/20/09 18:25:31 5-MIN KOFP 202325Z AUTO 07003KT 10SM CLR 08/06 A3014 10 86 -700 080/03 RMK AO2
93775KOFP OFP20091120183009611/20/09 18:30:31 5-MIN KOFP 202330Z AUTO 00000KT 10SM CLR 08/06 A3014 0 86 -700 000/00 RMK AO2
ftp://ftp.ncdc.noaa.gov/pub/data/asos-fivemin/6401-2009/64010KOFP200911.dat

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

A more comprehensive transition training that highlights critical differences in flight characteristics between light GA and LSA aircraft would go a long way towards reducing the risk of accidents like mine. Preferred operational procedures could be recommended and practiced as part of such training. For instance, as a result of my accident, I will replace stabilized approach to landing over obstructions with a stepdown approach, to make sure that I clear obstructions with plenty of altitude and power. This is just my next best guess though, and I wish I could get a more authoritative recommendation from someone with real experience in this type of aircraft.